

County: Pierce
 SPRING VALLEY HEALTH CARE CENTER, INC.
 W500 STATE ROAD 29

Facility ID: 8260

Page 1

SPRING VALLEY 54767 Phone: (715) 778-5545
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 67
 Total Licensed Bed Capacity (12/31/01): 69
 Number of Residents on 12/31/01: 50

Ownership:
 Highest Level License: City
 Operate in Conjunction with CBRF? Skilled
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 49

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		22.0
Supp. Home Care-Personal Care	Yes					1 - 4 Years		34.0
Supp. Home Care-Household Services	Yes	Developmental Disabilities	28.0	Under 65	20.0	More Than 4 Years		44.0
Day Services	No	Mental Illness (Org./Psy)	34.0	65 - 74	4.0			-----
Respite Care	Yes	Mental Illness (Other)	8.0	75 - 84	38.0			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	32.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	18.0	65 & Over	80.0	-----		
Transportation	Yes	Cerebrovascular	2.0		-----	RNs		5.7
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		14.6
Other Services	No	Respiratory	4.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	6.0	Male	38.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	62.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	2	100.0	296	26	61.9	93	0	0.0	0	5	83.3	113	0	0.0	0	0	0.0	0	33	66.0
Intermediate	---	---	---	4	9.5	77	0	0.0	0	1	16.7	108	0	0.0	0	0	0.0	0	5	10.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	12	28.6	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	24.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		42	100.0		0	0.0		6	100.0		0	0.0		0	0.0		50	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	42.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	22.0	Bathing	4.0	56.0	40.0	50
Other Nursing Homes	0.0	Dressing	14.0	48.0	38.0	50
Acute Care Hospitals	32.2	Transferring	52.0	26.0	22.0	50
Psych. Hosp.-MR/DD Facilities	1.7	Toilet Use	36.0	40.0	24.0	50
Rehabilitation Hospitals	0.0	Eating	60.0	20.0	20.0	50
Other Locations	1.7	*****				
Total Number of Admissions	59	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.0	Receiving Respiratory Care		0.0
Private Home/No Home Health	41.1	Occ/Freq. Incontinent of Bladder	28.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	35.7	Occ/Freq. Incontinent of Bowel	16.0	Receiving Suctioning		0.0
Other Nursing Homes	1.8			Receiving Ostomy Care		0.0
Acute Care Hospitals	5.4	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	1.8	Physically Restrained	22.0	Receiving Mechanically Altered Diets		40.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	14.3	With Pressure Sores	2.0	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	56			Receiving Psychoactive Drugs		50.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.5	81.4	0.87	85.1	0.83	84.3	0.84	84.6	0.83
Current Residents from In-County	78.0	84.1	0.93	80.0	0.97	82.7	0.94	77.0	1.01
Admissions from In-County, Still Residing	16.9	32.4	0.52	20.9	0.81	21.6	0.79	20.8	0.81
Admissions/Average Daily Census	120.4	64.0	1.88	144.6	0.83	137.9	0.87	128.9	0.93
Discharges/Average Daily Census	114.3	66.7	1.71	144.8	0.79	139.0	0.82	130.0	0.88
Discharges To Private Residence/Average Daily Census	87.8	19.2	4.56	60.4	1.45	55.2	1.59	52.8	1.66
Residents Receiving Skilled Care	66.0	85.0	0.78	90.5	0.73	91.8	0.72	85.3	0.77
Residents Aged 65 and Older	80.0	84.3	0.95	94.7	0.84	92.5	0.87	87.5	0.91
Title 19 (Medicaid) Funded Residents	84.0	77.7	1.08	58.0	1.45	64.3	1.31	68.7	1.22
Private Pay Funded Residents	12.0	16.8	0.71	32.0	0.37	25.6	0.47	22.0	0.55
Developmentally Disabled Residents	28.0	3.2	8.63	0.9	30.61	1.2	23.81	7.6	3.69
Mentally Ill Residents	42.0	56.2	0.75	33.8	1.24	37.4	1.12	33.8	1.24
General Medical Service Residents	6.0	15.4	0.39	18.3	0.33	21.2	0.28	19.4	0.31
Impaired ADL (Mean)	48.0	49.2	0.98	48.1	1.00	49.6	0.97	49.3	0.97
Psychological Problems	50.0	65.9	0.76	51.0	0.98	54.1	0.92	51.9	0.96
Nursing Care Required (Mean)	5.3	7.6	0.70	6.0	0.87	6.5	0.80	7.3	0.72